

# CITY OF RICHMOND HEIGHTS

DEPARTMENT OF BUILDING, ZONING & HOUSING  
26789 Highland Road, Richmond Heights, Ohio 44143  
216-383-6312 - Fax: 216-383-6319

## RENTAL PROPERTY REGISTRATION APPLICATION

\*Rental Property Address: \_\_\_\_\_ Bedrooms: \_\_\_\_\_

### REQUIRED INFORMATION \*

\*Owners Name: \_\_\_\_\_ Email: \_\_\_\_\_

\*Owners Address: \_\_\_\_\_  
(City) (State) (Zip)

\*Owners Home Phone: \_\_\_\_\_ Owners Cell Phone: \_\_\_\_\_

\*Social Security Number: \_\_\_\_\_ Drivers Licenses Number: \_\_\_\_\_

Property Manager (if applicable): \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State) (Zip)

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

\*Name of Tenant: \_\_\_\_\_ Phone: \_\_\_\_\_

(Note: Owner is responsible to notify building department when new tenant occupies rental)

**You must list three dates that you (owner) or your representative will be available to meet an inspector at the rental property. Dates must be Monday through Friday between the hours of 9:30 A.M. and 2:00 P.M.**

\*Date: \_\_\_\_\_ Time: \_\_\_\_\_

\*Date: \_\_\_\_\_ Time: \_\_\_\_\_

\*Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Fees: Single Family Home \$250.00**

Annual Renewal \$150.00

Change of ownership/property transfer \$100.00

(cash or checks payable to: City of Richmond Heights)

**This application is hereby submitted for CERTIFICATION OF AUTHORIZED OCCUPANCY. The acceptance of this certificate herein applied for shall constitute an agreement on the part of the undersigned to abide by all conditions herein contained and to comply with all ordinances of the City of Richmond Heights, laws of the State of Ohio, and any special requirements or rules, regulations and standards of the Department of Building, Zoning and Housing. I hereby certify that all information has been reviewed and is complete and correct.**

\* \_\_\_\_\_  
Owner signature

\_\_\_\_\_  
Date

Office use

RECEIVED DATE: \_\_\_\_\_ INSPECTION DATE: \_\_\_\_\_